Office Use Only:



Bridgewater Recreation Department

P.O. Box 6300/700 Garretson Road Bridgewater, NJ 08807 9am to 5pm Monday to Friday www.bridgewaternj.gov (908) 725-6373

Print legibly & complete entirely!

(\checkmark) Gender: \square male \square female
Child's
Last First
Name:Name:
Parent or
Guardian
Full Name:
Mailing
Address:
Town:Zip:
Home
Phone #: ()
Cell Phone #: ()
Cell Phone #: ()
Work
Phone #: ()
Third Party;
Emergency Contact #
Other than #'s listed: ()
The above Third party Emergency Contact information is a mandatory part of this form, with out it, child can't participate.
Special Medical
Considerations:
✓ - Child will need access to
Epi-Pen during the program: \Box no \Box yes*
* If your child requires an Epi-Pen; please obtain an administration authorization form from the Recreation Department.
∠Parent/Guardian Signature
/

Circle g <i>Septeml</i>		ering as	s of Se	ptembei	r 2006-	2007 sch	lool yea	r (<i>going in</i>	to in
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	idicate er Playgro						NO S'	WITCHIN	G of
1st & 2nd grade Program 8:45am to 2:45pm □ Van Holten School					□Ad	9:00 lamsvil	Dam to 3 le Sch	ool	
A, B or C! (□ Bradley Gardens School □ Eisenhower School □ Hamilton School □ Hillside School □ Glen Park (closes due to inclement weather) □ Thomae Park (closes due to inclement weather) 				
A - □	Leave an	d return	to the	playgrou	nd site a	t any time	е.		
the play leave th	ground s	ite close	es, my	child wil	l leave o	n their o	wn. My	of the day; y child can ermitted pe	only
	** arrive.							ed people l uired at tin	
	***Appl	ies to ch	oice B o	r C <i>Par</i>	ents/Gua	ardians m	ust be li	sted!	
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<u> </u>					4.				
5.					6.				
1.					8.				

Summer Playgrounds Participation Agreement

I approve this registration and certify that my child is capable of such an experience. I grant permission for my child to participate in all planned camp activities. In case of accident or illness, the Bridgewater Recreation Department and staff are authorized to secure emergency mediate treatment for my child. I understand prudent attempts will be made to contact undersigned immediately. I understand that I will be responsible for payment of all medical bills. I understand that the Township of Bridgewater does not provide individual medical coverage for its participants. Each participant will be covered under his or heamily's medical policy. It is recommended that families have insurance before the child participates. I also understand that anyone affiliated with this program is not authorized to administer any type of oral medication to my child (i.e. avariets, cousely besederated).

The Bridgewater Recreation Department and Summer Counselors are not responsible for lost, stolen or damaged personal articles of the participants. I agree to hold harmless the Township of Bridgewater, Bridgewater Recreation Department and Summer Counselors, its volunteers, elected officials and employees from any and all claims for liability, losses and damages, irrespective of any negligent act or omission by the above named and or the individuals arising from or related in any way to this camp

I acknowledge and agree to abide by the Bridgewater Township Recreation Summer Playgrounds policies and procedures for the best interest and safety of my child and other Township participants.

I also understand that by picking up my child fifteen (15) minutes after their designated site closes, a late fee of \$10.00 will be charged and must be paid before my child is admitted back into the program.